



ANGLICAN INSURANCE BOARD

LIABILITY INSURANCE RENEWAL DECLARATION

INSURED (include the names of all subsidiary trusts and companies to be insured): _____

If the activities of any entity insured under this programme do not fit within the following description, please provide full disclosure of the activity to be reviewed by the insurer.

"Religious services, educational publications, education, pre-school service, healthcare, welfare, counselling, child care, foster care, care for the elderly (including residential care), budgeting advice, care for adolescents (including residential care), landlord services, property ownership and management, sport and leisure activities.

Please complete the following table for any entity that is NOT controlled by the INSURED (as listed above) e.g. Outreach programmes

GENERAL INFORMATION

TOTAL NUMBER OF:

Churches _____

Average size of weekly congregation attending: _____

Do you have a Risk Management Committee and or Policies in place? Yes No

Do you have any outreach/satellite churches that require cover under your insurance?
If yes, please provide details:

Average number of people attending: _____



FINANCIAL DETAILS:

CURRENT FINANCIAL YEAR	NEXT FINANCIAL YEAR (ESTIMATE)
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Turnover/Income Funding:

Total Assets:

Are you currently able to meet your debts as they fall due? Yes No
(If No, please attach full details)

Have there been any material changes to the activities of the organisation or to the financial position or structure of the organisation/trust/company or are there any changes planned? Yes No

If yes, please provide details:

HUMAN RESOURCE MANAGEMENT

CURRENT YEAR	LAST YEAR
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Total number of Staff:

Do you have procedures in place to counter the threat of employee theft such as controlled access to computer terminals and systems, segregation of duties such as funds transfer, signing cheques and investing funds? Yes No

Do all staff members have written employee contracts? Yes No

GENERAL LIABILITY:

NUMBER OF LOCATIONS

In New Zealand:

Overseas

Do you have third party property in your care, custody or control? Yes No
If Yes, please give details:



Do you hold/are you involved in any event to which over 500 people attend?

Yes No

For example, Christmas Carols, Conferences etc.

If yes, please provide details:

Do you hire/lease any third party premises?

Yes No

If yes, please provide details:

STATUTORY AND EMPLOYERS LIABILITY

Do you have written procedures and/or systems to ensure compliance with any legislation that affects your activities?

Yes No

If No, please advise how you comply with legislation:

Have you ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance?

Yes No

If Yes, please provide full details:

REST HOME / AGED CARE SERVICES (ONLY ANSWER IF APPLICABLE & COVER IS REQUIRED)

Name of Rest Home/Aged Care Facility:

PLEASE INDICATE THE NUMBER OF YEARS EACH FACILITY HAS BEEN:

Operating:

Owned by Present Owners:

Managed by Present Management:



List all licenses held by your facility, including type and expiration dates:

LICENSES	TYPE	EXPIRY DATE
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List all accreditations and association memberships held by your facility:

Has your license been suspended, revoked or placed under probation within the last 3 years? Yes No

If yes, please attach full details:

What are the total numbers of beds/ occupants:

Please provide details of any medical, health or counselling services provided to residents:



SCHOOLS & CHILD CARE SERVICES
(ONLY ANSWER IF APPLICABLE AND COVER IS REQUIRED):

Name of School/Child Care facility:

Please provide details on the number your employees for each School/Child Care Centre:

CATEGORY	FULL TIME	PART - TIME	TOTAL
Teaching			
Non- Teaching			
TOTALS			

Current student roll:

Does the school have boarding facilities? Yes No

Do you have a Child Protection and reporting procedures and policies in place? Yes No

Have you ever received a complaint about issues relevant to molestation/inappropriate behaviour in regard to any teachers, adult carers, leaders, counsellors etc? Yes No

If yes, please provide details:

HIRING/SCREENING PROCEDURES:

Please indicate each of the procedures you use when hiring professionals and clinical support staff to provide patient care services at your facility:

Verify educational background, residency programme, when applicable. Yes No

Have all teachers/adult carers/leaders been Police checked and cleared? Yes No

Check for any pending license suspensions and revocations, or any pending disciplinary actions by other facilities. Yes No



CLAIMS HISTORY / LOSS EXPERIENCE:

After inquiry of all Partners/Principals/Directors/Officers/Trustees/Senior Employees (or their functional equivalent), are there:

- demands for compensation, or
- complaints against any insured, or
- investigations (regulatory or otherwise), or
- any outstanding circumstances

which have not been disclosed to any insurer, which could give rise to a claim under the proposed insurance? Yes No

If yes, please provide details on a separates sheet.

DECLARATION

On behalf of all proposed Insured(s) I/We declare and agree that:

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that the insurer requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) The insurer is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- (e) The insurer is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) The insurer is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by the Insurer.

Insured(s) signature:

Date:

Title: